

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19828644

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4			1			
5			1			
6			1			
7	4		4			
8	4		4			
9	4		4			
10	4		4			
11	4		4			
12	4		4			
13	4		4			
14	4		4			
15	4		4			
16	4		4			
17	4		4			
18	4		4			
19	4		4			
20	4		4			
21	4		4			
22	1	XX	1			
23	4		1			
24	4		1			
25	5		(5)			
26	4		4			
27	4		4			
28	4		4			
29	4		4			
30	1		1			
31			1			
32	1		—			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	21		22		1	
TOTAL DEP.	170		180		57	
TOTAL CLAIMS	131		132		6	

TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	1		1		1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

(2)

CLAIMS ONLY

SERIAL NO	09/828,644	FILING DATE
APPLICANT(S)		

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2	1		1				52		
3	1		1				53		
4	1		1				54		
5	1		1				55		
6	1		1				56		
7	1		1				57		
8	1		1				58		
9	1		1				59		
10	1		1				60		
11	1		1				61		
12	1		1				62		
13	1		1				63		
14	1		1				64		
15	1		1				65		
16	1		1				66		
17	1		1				67		
18	1		1				68		
19	2		2				69		
20	2		2				70		
21	1		1				71		
22	1		1				72		
23	1		1				73		
24	1		1				74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	X						TOTAL IND.		
TOTAL DEP.	X						TOTAL DEP.		
TOTAL CLAIMS	X						TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS